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CONFIRMATION NO. 9158

|   |   |                                  |   |  |                                |
|---|---|----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/692,139  | <b>FILING OR 371(c) DATE</b><br>10/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>347              | <b>GROUP ART UNIT</b><br>2853   | <b>ATTORNEY DOCKET NO.</b><br>501558.20005 |                                |
| <b>APPLICANTS</b><br>Yoshikazu Takahashi, Nagoya-shi, JAPAN;<br><b>** CONTINUING DATA *****</b> <i>None</i><br><i>GM</i><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-314539 10/29/2002 <i>GM</i>  |   |                                  |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/16/2004</b>  |   |                                  |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>Allowance</i><br>Acknowledged <i>Mark</i> <i>GM</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>18                  | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>26418 <i>GM</i>   |   |                                  |   |  |                                |
| <b>TITLE</b><br>Droplet ejecting apparatus  |   |                                  |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |